



PTO/SB/81 (09-03)

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	
	First Named Inventor	Mosher, Oren A.
	Title	NON-SURGICAL INCONTINENCE TREATMENT SYSTEM AND METHOD
	Art Unit	
	Examiner Name	
	Attorney Docket Number	017761-003610US

I hereby appoint:

☒ Practitioners associated with the Customer Number

20350

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	TERRY SPRAKER				
Signature					
Date	11/15/04		Telephone	650 851-8548	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.